August 1, 1984

Ms. Denise Culp
Bureau of Certification
Department of Education
333 Market Street
Harrisburg, PA 17126

Dear Ms. Culp:

Thank you for your assistance today with regard to my application for an instructional certificate.

Enclosed is a completed "Application for Professional Personnel Certificate," copies of transcripts from the three schools from which I have college degrees, and a postal money order for $15.00.

If I can provide you with any additional information in support of this application, I shall be pleased to do so.

Thank you.

Sincerely,

S. Robert Powell

717-282-5197

UNITED STATES OF AMERICA POSTAL MONEY ORDER 15-800

3220950887B 840723 184070

PAY TO Commonwealth of Penna.

STREET PDE, 333 Market Street

CITY Harrisburg, PA 17126

DOLLARS AND CENTS $15*00

DATE POSTMARK

FROM Silas R. Powell

STREET P. O. Box 161

CITY Carbondale, PA STATE 18407

SERIAL NUMBER

MONEY ORDER

UNITED STATES POSTAL SERVICE

NOT NEGOTIABLE FOR MORE THAN $500.00

:000000802:: 32209508878#

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF EDUCATION

DEHE-280-A (1/82)

B DEHE-280-A—APPLICATION FOR PROFESSIONAL PERSONNEL CERTIFICATE

(FOR USE BY APPLICANTS PREPARED AND RECOMMENDED BY NON-PENNSYLVANIA COLLEGE/UNIVERSITIES ONLY)

NOTE: Application must be accompanied by all credentials necessary to verify qualifications for certification **(official transcripts, notarized copy of certificate(s) held and letters attesting to certificated school experience).** Submit to Bureau of Certification, Department of Education, 333 Market Street, Harrisburg, PA 17108

LAST NAME	FIRST NAME	MIDDLE INITIAL
Powell	Silas	Robert

	NAME OF UNDERGRADUATE COLLEGE/UNIVERSITY	STATE	DEGREE	DATE GRANTED
(a)	Penn State Univ.	State College, PA	B.A.	06-12-1965
(b)	George Wash. Univ.	Wash., DC	M.A.	09-30-1967
(c)	Indiana University	Bloomington, IN	Ph.D.	08-31-1974

NAME OF GRADUATE COLLEGE/UNIVERSITY

HEALTH CERTIFICATE

I certify that I am a physician legally qualified to practice medicine in a state of the United States or its capital; that I have examined and find the above applicant "neither mentally nor physically disqualified, by reason of tuberculosis or any other communicable disease or by reason of mental disorder from successful performance of the duties of a teacher." (School Code 1209) (MUST BE TUBERCULIN TEST OR X-RAY)

SIGNATURE OF PHYSICIAN (a) Thomas Coleman MD | DATE 7/27/84 | STATE IN WHICH LICENSED Pennsylvania | PHYSICIAN'S NUMBER 2375 E

ATTESTMENT OF APPLICANT

I certify that I am a citizen of the United States or, being a non-citizen, have an immigrant visa which permits me to seek employment within the United States and have declared my intent to become a citizen of the United States. (This requirement is waived for bonafide exchange teachers and teachers of foreign language only.)

I also certify that I am not in the habit of using narcotic drugs in any form or excessive amounts of intoxicating beverages (School Code 1209); am not currently under indictment nor have I been convicted of a criminal offense (if so, supply full information with application); and attest that all information in this application is correct.

SIGNATURE OF APPLICANT (e) S. Robert Powell | DATE 08-01-1984 | AREA CODE AND TELEPHONE NUMBER 717-282-5197

(f) I seek Pennsylvania certification in French, K-12, Instructional Certificate (the applicable condition(s) checked in the boxes below) | CERTIFICATION SUBJECT/AREA FIELD REQUESTED

- ☐ 1. Studies in ***professional teacher education*** have been completed at institutions (minimally approved to confer the bachelor's degree) which are approved or accredited by the state education agency in the states in which its colleges or universities preparing professional personnel for the public schools, and ***the recommending signature of that institution appears below*** or
- ☐ 2. I hold a certificate issued by another state for professional service in the ***public*** schools of that state which certificate I believe is comparable to the Pennsylvania certificate being sought, and a ***notarized copy*** of such certificate accompanies this application.
- ☐ 3. My preparation (in general education, area of specialization, and professional teacher education) was completed at two or more ***state-approved*** or regionally accredited colleges or universities; for that reason, I cannot secure the recommending signature of any of those institutions.
- ☒ 4. My collegiate studies at the ***primary*** preparing college or university was of such non-recency (at least 7 years preceding the date of this application) that I cannot secure the institutional recommendation of that college or university.

Acceptance of application under such condition(s) does not imply automatic issuance of the requested certificate.

RECOMMENDATION OF PREPARING COLLEGE OR UNIVERSITY OFFICIAL

When condition (f)1 above is applicable, Pennsylvania Certification Regulations require that a candidate successfully complete a teacher preparation/certification program approved by the department of education of the state in which the preparing institution is located.

The signature of the preparing college/university official serves as a competency recommendation, attests to successful program completion, and confirms that the applicant is known and regarded by the preparing institution as a person of good moral character and possesses those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate.

(g) ☐ I certify that the applicant has completed a state approved preparation/certification program to qualify for a certificate in (h) _____ for (i) _____

(STATE) (SUBJECT/FIELD) (Must be a major area of preparation)

(j) ☐ To facilitate Pennsylvania Department of Education evaluation, please initial box if the applicable program(s) has received state approval under NASDTEC Standards.

SIGNATURE | TITLE | DATE | NAME OF RECOMMENDING COLLEGE

(k) _____ (l) _____

Dec 18—
09-10-1984
My SAP

Commonwealth of Pennsylvania

Professional Certificate

This certificate entitles
SILAS R POWELL

to practice the "art of teaching" and render professional service in the endorsement areas hereon in the schools of the Commonwealth of Pennsylvania

* * * * * *

Type Code	Years Valid	Date Issued	Area of Certification	Type Code	Years Valid	Date Issued	Area of Certification
61	06	08/84	FRENCH				**********
			**********				**********

T C 01 Emergency; 05 Limited Special; 10 Partial; 21 Vocational I; 22 Vocational II; 23 Vocational III; 25 Elem. Temp. Standard; 26 Coordinator I; 27 Coordinator II; 30 State Standard Limited; 31 Educational Specialist I; 32 Educational Specialist II; 33 Educational Specialist III; 35 Interim Standard; 36 Vocational Interim; 40 Standard; 45 Normal Certificate; 50 Interim; 51 Intern; 55 Provisional Equivalent; 60 Provisional; 61 Instructional I; 62 Instructional II; 63 Instructional III; 65 Normal Diploma; 70 Permanent Standard; 71 Perm. St. Stand. Limit; 75 Permanent Equivalent; 80 Permanent; 81 Supervisory I; 82 Supervisory II; 83 Administrative I; 84 Administrative II; 85 Master's Equivalent; 86 Program Specialist; 90 Eligibility

198-34-0586 55 84-013355

00 COMPETENCY AREA REGISTRATION IN CONJUNCTION WITH VOCATIONAL INSTRUCTION
02 WAIVER OF CERTIFICATION GRANTED FOR ONE CALENDAR YEAR ONLY

Authorized by the Secretary of Education

DEHE-67 4/82

09-10-1984-P.3

DEHE-280-A—APPLICATION FOR PROFESSIONAL PERSONNEL CERTIFICATE
FOR USE BY APPLICANTS PREPARED AND RECOMMENDED BY NON-PENNSYLVANIA COLLEGES/UNIVERSITIES ONLY
DO NOT COMPLETE APPLICATION UNTIL YOU READ INSTRUCTIONS
ACCURACY WILL AVOID DELAY OF CERTIFICATE ISSUANCE

A

1 LAST NAME: POWELL | FIRST NAME: SICAS | MI: R | PDE USE | 2 SOCIAL SECURITY NUMBER: 198340586

1 MAILING ADDRESS (LINE #1): POST OFFICE BOX 161

1 MAILING ADDRESS (LINE #2):

1 CITY: CARBONDALE | STATE: PA | ZIP CODE: 18407

3 BIRTHDATE: MON 12 | DAY 12 | YEAR 43

4 SEX: M | F X

PDE USE: N/C | CORRECTED S S NUMBER | REV | S/C

5 CERTIFICATE AREA/FIELD REQUESTED: French, K-12, instructional certificate

6 HAVE YOU EVER HAD A CERTIFICATE REVOKED BY THIS OR ANY OTHER STATE OR IS SUCH ACTION PENDING? NO X YES ☐ IF YES, PLEASE ATTACH EXPLANATION

7 DO YOU POSSESS A PENNSYLVANIA CERTIFICATE? YES ☐ NO X

8 IF REQUESTING CHANGE OF NAME, CHRONOLOGICALLY PRINT FORMER NAME(S) COMMENCING WITH THE MOST RECENT CHANGE: LAST N. A. | FIRST | M

TO BE COMPLETED BY PA. DEPARTMENT OF EDUCATION OFFICIALS ONLY

TYPE | AREA | DATE ISSUED | COLLEGE CODE NUMBER | EVAL CODE | ISS CODE

EVALUATOR

09-10-1984-P.2